



**Commonwealth of Massachusetts  
Division of Professional Licensure  
Board of State Examiners of Electricians**

1000 Washington Street, Suite 710 • Boston • Massachusetts • 02118-6100

**APPEAL OF AN INSPECTOR'S DECISION**

**FEE - \$86.00 (make checks out to "Commonwealth of Massachusetts")**

**(1) APPELLANT INFORMATION (party appealing inspector's decision)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
LICENSE NUMBER (if applicable): \_\_\_\_\_

**(2) REQUIRED INFORMATION**

ADDRESS OF WORK SITE: \_\_\_\_\_  
DATE OF INSPECTOR DECISION (Appeal must be within 10 days per M.G.L. c. 143, s. 3P): \_\_\_\_\_  
APPLICABLE GENERAL LAW OR CMR AT ISSUE: \_\_\_\_\_  
DECISION OF THE INSPECTOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
IF ADDITIONAL SPACE IS REQUIRED, ATTACH PAGE(S) TO THIS FORM

**(3) REASON FOR APPEAL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
IF ADDITIONAL SPACE IS REQUIRED, ATTACH PAGE(S) TO THIS FORM

**(4) INSPECTOR INFORMATION**

INSPECTOR NAME: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Send this form, fee, a copy of any permits, and a copy of the inspector's decision (if in writing), to the Board office at the above address. You also must send a copy of all submitted documents to the Inspector whose decision you are appealing. This appeal will be entered in Board records 1 to 2 weeks after receipt of this completed form and required fee. A notice of hearing will be sent to both parties scheduling the matter for the next available Board meeting.

I certify under pains and penalties of perjury that the information contained in this appeal form and accompanying documents is true and correct to the best of my knowledge and that I have sent a copy of this information to the Inspector.

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Date